

Union Calendar No. 134

118TH CONGRESS
1ST SESSION

H. R. 3836

[Report No. 118–170]

To facilitate direct primary care arrangements under Medicaid.

IN THE HOUSE OF REPRESENTATIVES

JUNE 6, 2023

Mr. CRENSHAW (for himself, Ms. SCHRIER, Mr. SMUCKER, and Mr. BLUMENAUER) introduced the following bill; which was referred to the Committee on Energy and Commerce

SEPTEMBER 1, 2023

Additional sponsor: Ms. PETTERSEN

SEPTEMBER 1, 2023

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on June 6, 2023]

A BILL

To facilitate direct primary care arrangements under
Medicaid.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 *This Act may be cited as the “Medicaid Primary Care*
5 *Improvement Act”.*

6 **SEC. 2. CLARIFYING THAT CERTAIN PAYMENT ARRANGE-**

7 **MENTS ARE ALLOWABLE UNDER THE MED-**
8 **ICAID PROGRAM.**

9 (a) *RULE OF CONSTRUCTION.—Nothing in title XIX*
10 *of the Social Security Act (42 U.S.C. 1396 et seq.) shall*
11 *be construed as prohibiting a State, under its State plan*
12 *(or waiver of such plan) under such title (including through*
13 *a medicaid managed care organization (as defined in sec-*
14 *tion 1903(m)(1)(A) of such Act)), from providing medical*
15 *assistance consisting of primary care services through a di-*
16 *rect primary care arrangement with a health care provider,*
17 *including as part of a value-based care arrangement estab-*
18 *lished by the State. For purposes of the preceding sentence,*
19 *the term “direct primary care arrangement” means, with*
20 *respect to any individual, an arrangement under which*
21 *such individual is provided medical assistance consisting*
22 *solely of primary care services provided by primary care*
23 *practitioners, if the sole compensation for such care is a*
24 *fixed periodic fee.*

1 (b) *GUIDANCE.*—Not later than 1 year after the date
2 of the enactment of this Act, the Secretary of Health and
3 Human Services shall—

4 (1) convene at least one virtual open door meet-
5 ing to seek input from stakeholders, including pri-
6 mary care providers who practice under the direct
7 primary care model, state Medicaid agencies, and
8 Medicaid managed care organizations; and

9 (2) taking into account such input, issue guid-
10 ance to States on how a State may implement direct
11 primary care arrangements (as defined in subsection
12 (a)) under title XIX of the Social Security Act (42
13 U.S.C. 1396 et seq.).

14 (c) *REPORT.*—Not later than 2 years after the date of
15 the enactment of this Act, the Secretary of Health and
16 Human Services shall submit to Congress a report con-
17 taining—

18 (1) an analysis of the extent to which States are
19 contracting with independent physicians, independent
20 physician practices, and primary care practices for
21 purposes of furnishing medical assistance under State
22 plans (or waivers of such plans) under title XIX of
23 the Social Security Act (42 U.S.C. 1396 et seq.); and

24 (2) an analysis of quality of care and cost of
25 care furnished to individuals enrolled under such title

1 *where such care is paid for under a direct primary
2 care arrangement (as defined in subsection (a))
3 through a medicaid managed care organization (as so
4 defined).*

5 *(d) RULE OF CONSTRUCTION.—Nothing in this section
6 shall be construed to alter statutory requirements under the
7 State plan (or waiver of such plan) under title XIX of the
8 Social Security Act (42 U.S.C. 1396 et seq.) for cost-sharing
9 requirements or be construed to limit medical assistance
10 solely to those provided under a direct primary care ar-
11 rangement.*

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